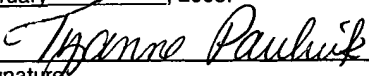


## INFORMATION DISCLOSURE STATEMENT TRANSMITTAL

In re Application of: James D. Webb et al.  
For: DATA EXCHANGER WEB SERVICES FOR MEDICAL DEVICE SYSTEMS  
Serial No.: 10/821,499  
Filed: April 9, 2004



**CERTIFICATE OF MAILING UNDER 37 CFR 1.8:** I hereby certify that this **INFORMATION DISCLOSURE STATEMENT** and the paper(s), as described herein, are being deposited in the U.S. Postal Service, as first class mail, addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 8<sup>th</sup> day of February, 2005.

  
\_\_\_\_\_  
Signature  
Tyanne Pauluik  
Printed Name

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

We are transmitting herewith the attached:

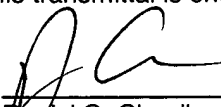
- ☒ Information Disclosure Statement
- ☒ PTO FORM 1449
- ☒ Return Postcard

**FEE CALCULATION**

- ☒ \$ 00.00 Pursuant to 37 CFR §1.97(b) (before mailing of first Office Action)
- ☐ \$ 00.00 Pursuant to 37 CFR §1.97(c) with Certification (cited in foreign application not more than 3 months earlier)
- ☐ \$ 00.00 Pursuant to 37 CFR §1.97(e) with Certification
- ☐ \$180.00 Pursuant to 37 CFR §1.97(c) without Certification
- ☐ \$180.00 Pursuant to 37 CFR §1.97(d) with Certification

- ☐ Applicant hereby petitions for a \_\_\_\_\_ months' extension of time. If an additional extension of time is required, please consider this petition therefor.
- ☒ Applicant believes that no extension of time is required. However, if an extension of time is required, please consider this a petition therefor to provide for the possibility that applicant has inadvertently overlooked the need for an extension of time.
- ☒ Please charge any additional fees or credits to Deposit Account No. 13-2546 which may have been overlooked with regard to this filing. A duplicate of this transmittal is enclosed.

Date 2/8/05

  
\_\_\_\_\_  
Daniel G. Chapik  
Reg. No. 43,424  
Telephone: (763) 514-3066  
Customer No. 27581



PATENT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicants:	James D. Webb et al.	Examiner:	Unknown
Serial No.	10/821,499	Group Art Unit:	3626
Filing Date:	April 9, 2004	Docket No.:	P11232.00
Title:	DATA EXCHANGER WEB SERVICES FOR MEDICAL DEVICE SYSTEMS		

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**INFORMATION DISCLOSURE STATEMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In compliance with the duty imposed by 37 C.F.R. § 1.56, and in accordance with C.F.R. §§ 1.97 *et. seq.*, the materials enclosed herewith are brought to the attention of the Examiner as possibly being of interest in connection with the above-identified patent application.

Consideration of each of the documents listed on the attached Form 1449 is respectfully requested. Pursuant to the provisions of M.P.E.P. §609, Applicant further requests that a copy of the Form 1449, marked as being considered and initialed by the Examiner, be returned with the next Official Communication.

Respectfully submitted,

Date: 2/8/05

By: 

Daniel G. Chapik  
Reg. No. 43, 424  
Telephone: (763) 514-3066  
Customer No. 27581

<b>FORM PTO-1449</b>  (Rev. 2-32) <b>U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE</b>  <b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b> (Use several sheets if necessary)	<b>ATTY. DOCKET NO.:</b>  P-11232.00	<b>SERIAL NO:</b>  10/821,499
<b>APPLICANT:</b> Webb et al.		
<b>FILING DATE:</b> April 9, 2004		<b>GROUP:</b> 3626

**U.S. PATENT DOCUMENTS**

EXAMINER INITIAL	DOCUMENT NUMBER	DATE ISSUED	INVENTOR NAME	U.S. CLASS	U.S. SUB- CLASS	FILING DATE IF APPROPRIATE
	AA	6,250,309	Krichen et al.			
	AB	6,480,745	Nelson			
	AC	6,418,346	Nelson et al.			
	AD	6,497,655	Linberg et al.			
	AE	5,545,186	Olson, et al			
	AF	5,987,352	Klein et al.,			
	AG	6,438,408	Mulligan et al			
	AH	6,647,229	Bourget			
	AI	6,249,703	Stanton, et al			
	AJ	4,550,370	Baker			
	AK	6,240,317	Villaseca et al			
	AL	6,169,925	Villaseca et al			
	AM	6,482,154	Haubrich et al			
	AN	5,312,453	Wyborny, et al			

**FOREIGN PATENT DOCUMENTS**

DOCUMENT NUMBER	DATE PUBLIC- ATION	COUNTRY	INT. CLASS	INT. SUB- CLASS	TRANSLATION
					YES      NO

**OTHER DOCUMENTS (Including Author, Title, Date Pertinent Pages, Etc.)**

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<b>EXAMINER</b>	<b>DATE CONSIDERED</b>
<b>EXAMINER:</b> Initial if citation considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.	